

#5  
3-14-01  
Donna

### CERTIFICATE OF MAILING

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Typed or Printed Name Donna Macedo

Signature *Donna Macedo* Date 3/6/01

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### RESPONSE TO RESTRICTION REQUIREMENT

Address to:  
Commissioner for Patents  
Washington, D.C. 20231



|                      |   |
|----------------------|---|
| Attorney Docket      | TOSK-004  |
| First Named Inventor | Fogarty   |
| Application Number   | 09/472,654  |
| Filing Date          | December 27, 1999                                   |
| Group Art Unit       | 1641  |
| Examiner Name        | M. Pham   |
| Title                | In Vivo High Throughput Toxicology Screening Method |

Sir:

In response to the Restriction Requirement dated January 23, 2001, the Applicants hereby elect Group I, Claims 1-16, with traverse.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,  
BOZICEVIC, FIELD & FRANCIS LLP

Date: 3-6-01

By: *[Signature]*  
Bret E. Field  
Registration No. 37,620

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1641

CERTIFICATE OF MAILING

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Typed or Printed Name Donna Macedo

Signature

*[Handwritten Signature]*

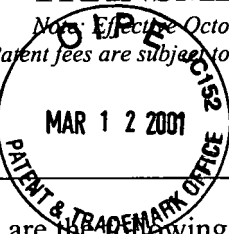
Date

3/6/01

**NON FEE  
TRANSMITTAL**

Not Effective October 1, 1998.  
Patent fees are subject to annual revision.

MAR 12 2001



Attorney Docket Number

TOSK-004

First Named Inventor

Fogarty

Application Number

09/472,654

Filing Date

December 27, 1999

Group Art Unit

1641

Examiner Name

M. Pham

Title

In Vivo High Throughput Toxicology Screening Method

Enclosed are the following documents:

- ☒ Response to Restriction Requirement
- ☒ Preliminary Amendment
- ☒ Change of Correspondence
- ☒ Return receipt postcard.

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CLAIMS

| No. of claims as filed<br>or after amendment |                 |   | Most claims<br>previously paid |   | Extra<br>claims |   | Fee from<br>below                                    |   | Fee<br>Due |
|--|-----------------|---|--------------------------------|---|-----------------|---|--|---|------------|
| Total claims                                 | 20              | - | 20                             | = | 0               | x |  | = | \$0        |
| Ind. claims                                  | 4               | - | 4                              | = | 0               | x |  | = | \$0        |
| Multiple Dependent claims                    |                 |   |                                |   |                 | x |  | = |            |
| Large Fee Code                               | Entity Fee (\$) |   | Small Fee Code                 |   | Entity Fee (\$) |   | Fee Description                                      |   |            |
| 103  | 18              |   | 203                            |   | 9               |   | Claims in excess of 20                               |   |            |
| 102  | 80              |   | 202                            |   | 40              |   | Independent claims in excess of 3                    |   |            |
| 104  | 270             |   | 204                            |   | 135             |   | Multiple dependent claim                             |   |            |
| 109  | 80              |   | 209                            |   | 40              |   | Reissue independent claims over original patent      |   |            |
| 110  | 18              |   | 210                            |   | 9               |   | Reissue claims in excess of and over original patent |   |            |

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name

Bret E. Field, BOZICEVIC, FIELD & FRANCIS LLP

Reg. Number

37,620

Signature

*[Handwritten Signature]*

Date

3.6.01

Deposit Account

50-0815